## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004  |  |   |   |  |                     |                               |              | 10[550,57]          |                        |                            |                     |                        |
|---|--|---|---|--|---------------------|-------------------------------|--------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |   |  |                     | Column 2)                     |              | SMALL ENT           | TITY                   | OR                         | OTHER<br>SMALL E    |                        |
| U.S   | S. NATIONAL  | STAGE FEES                                      | (coldinii vy  |  | <u> </u>            |                               |              | RATE                | FEE                    |                            | RATE                | FEE                    |
| BASIC FEE   |  |   | SMALL ENT   | . = \$ 150                             | LARC                | GE ENT. = \$ 300              | 1            | BASIC FEE           |                        | OR                         | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT A   |  |                     | her situations = 100 / \$ 200 |              | EXAM. FEE           |                        |                            | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |  | 1                   | her situations = 250 / \$ 500 |              | SEARCH FEE          |                        |                            | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | min   | us 100 =                               |                     | / 50 =                        |              | X \$ 125 =          |                        | ļ                          | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | O minus 20 =  |  | •                   |                               |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =   |  | •                   |                               |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
| MUL   | TIPLE DEPEN  | DENT CLAIM PR                                   | ESENT   |  |                     |                               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          | 360                    |
| • 11  | * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |  |                     |                               |              | TOTAL               |                        | OR                         | TOTAL               | 1260                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |  |                     |                               | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                        |
| AMENDMENT A   | 8  | CLAIMS REMAINING AFTER AMENDMENT                |   | HIGH<br>NUM<br>PREVIO<br>PAID          | BER<br>OUSLY        | PRESENT<br>EXTRA              |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 9   | Minus   | 2                                      | 20                  | = 🔿                           |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent  | . 1   | Minus   | *** 3                                  | 3                   | = 🔿                           |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |  |                     |                               |              | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|   |  |   |   |  |                     |                               |              | TOTAL ADDIT.<br>FEE | -                      | OR                         | FEE                 |                        |
|   |  |   |   |  |                     |                               |              |                     |                        |                            |                     |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |   | (Colur<br>HIGH<br>NUM<br>PREVK<br>PAID | EST<br>BER<br>OUSLY | PRESENT EXTRA                 |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                     |                     | =                             |              | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|   | Independent  | •   | Minus   | •••                                    |                     | =                             |              | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |   |   |  |                     |                               | + \$ 180 =   |                     | OR                     | + \$ 360 =                 |                     |                        |
|   |  |   |   |  |                     |                               |              |                     |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number (ound in the appropriate box in column 1. |  |   |   |  |                     |                               |              |                     |                        |                            |                     |                        |